



डॉ. आचंट लक्ष्मीपति आयुर्वेद अनुसंधान केंद्र वी.एच.एस. अस्पताल परिसर, टी.टी.टी.आई.डाक, चेन्नई-113  
Dr. A. LAKSHMIPATHI RESEARCH CENTRE FOR AYURVEDA, V.H.S.CAMPUS, T.T.T.I. POST, CHENNAI-113  
(केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्, आयुष मंत्रालय, भारत सरकार)  
(Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH, Government of India)

### APPLICATION FORM

*Name of the post applied for* -----

Affix one  
passport size  
photograph here

1. Name of the candidate: -----

2. Father's/Husband's Name: -----

3. Present address: -----  
(in block letters) -----  
with PIN Code -----

4. Permanent address: -----  
(in block letters) -----  
with PIN Code -----

5. Tel/Mobile No and E-mail ID: -----

6. Date of Birth:  
(in Christian era) -----

7. Sex (please tick as applicable) Male ☐ Female ☐

8. Community (Whether SC/ST/OBC/Other): -----

9. Educational/Professional Qualifications (starting from Matriculation onwards)

S.No.	Examination passed & duration	Year of passing	Name of the School/ College/University	Percentage Of marks	Subjects taken

**10. Technical Qualification:**

S.No.	Name of the exam	Year	Name of the Board/University/ Institute	Details of Marks Obtained		
				Maximum Marks	Marks obtained	% of Marks

**11. Experience, if any:**

S.No.	Name of the Institution	Post held	Name of work performed	Duration	
				From	To

I solemnly declare that the statement made by me are correct to the best of my knowledge and also clearly understand that in the event of my appointment in Dr. A. Lakshmipathi Research Centre for Ayurveda, Chennai-600 113, my services are liable to be terminated without notice, if the information furnished by me is found to be wrong or suppressed.

**Date:**

**Place:**

**Signature of the Candidate**

**Name: -----**